Waivers for Enlisted Soldiers in CMF 15

NAME:

		L 1/L	У _		┛.					_							
SSN:	DAT	E PR	OC	ESS	SEE) :					_						
ACTION OFFICE				_						_	_					_	
, ,	rade	Forma Guard	I Trai	_			e S	Sco.	res		P	re	Re	q:			
Branch Activ			serve	•													
PACKET CONTENTS			YES	NO								ARKS					
						Must have signature block/											
						asumption of command orders							'S i	t un	it		
Memorandum Signed by 1st 05						is de	plc	ye	<u>t</u>								
Memorandum Signed by AR/NG Bureau													r				
Current ERB or DA Form 2A											y ser			me	mı	oer	
Current 2-1 w/current ASVAB scores						Must have date and place Current Physical (I/A/W AR 40-501, para 8,9,1											
Proof of Normal Color Vision, SF 88 or DD 2808 DA Form 3081Perodic Medical Examination						Curre	nt P	hysid	cal (/A/\	W AR 4	40	-501	, pa	ara (3,9,1	0)
(Statement of Exemption)						(NG/L	ISA	R Or	nlv)	I/A/\	W AR 4	40	-501	Pa	ıra 8	3-14a	a8
Proof of PULHES (SF 88 or DD 2808)						(NG/USAR Only) I/A/W AR 40-501 Para 8- Current Physical (I/A/W AR 40-501, para 8,											
Secret Security Clearance (MOS 15N, 15J,						2 2.11 01		, 011	(, ,		-,-,1	- /
15Q, and 15P only)																	
Documented previous (ie A&P lic)	s Aviatio	n experience					_		_						_		
Point of Contact (ie DSN, Comm, or Fax #)						Needed in case there are questions								S			
DD Form 214 (NG and USAR only)																	
Soldiers Para and Lin Number (NG and USAR only						Must be for MOS requested											
Excerpts from AR 601-210						AP u	se	only	/								
Excerpts from DA PAM 611-21/Smartbook						AP u	se	only	/								
			WO	RK	SHE	ΕT											
Rank Time in Service				Ν	/IOS	Waive			ive	er MOS			Вс	วทเ	ıs l	MOS	,
													YES			NO	
Line Score EL	Line	Score MM	Line Score ST		_	Ρ_	U	L	<u>H</u>	_E	S						
									Ш								
			R	רעכ	ΓΙΝΟ	3											
NAME		ONCUR INITIAL)	NON-CONCUP (INITIAL)		_		DATE			REMARKS							
				_				_									
									1								